

**Unit Request for Independent Duty Personnel (IDP) Fitness Memberships/Respite Care
Authorization
DoD MILITARY TITLE 10 ONLY!!**

Command **Name:**

Command fitness membership **point of contact:**

Address:

Phone/Fax Number:

Email:

Number of **eligible** personnel assigned to command:

Number of personnel requesting **single private** fitness memberships:

Rate/Rank/Full Name of **each** service member applicant:

Name/Address/Phone number/POC of Private Fitness facility of choice:

Number of **personnel** requesting YMCA family memberships:

Rate/Rank/Full Name of **each** service member applicant:

Comment [KCMMCUIF1]: This is an Unit Request not an Individual Request. Everyone who is eligible and interested in participating needs to be listed on the form

Comment [KCMMCUIF2]: Unit Name. What is the name of the unit filling out this request. It is a unit decision as to what level this request will be submitted (i.e Brigade, Battalion, Company, Station, etc).

Comment [KCMMCUIF3]: Whoever will be the unit POC. Unit decision on who this will be. It is not the Service POC.

Comment [KCMMCUIF4]: Can list Battalion or Company address, but also need the actual duty address

Comment [KCMMCUIF5]: Unit POC information

Comment [KCMMCUIF6]: Active Duty Title 10 with a minimum of six months remaining at the unit in Title 10 status

Comment [KCMMCUIF7]: i.e. Gold's or Bally's private gym memberships

Comment [KCMMCUIF8]: Please type or print legibly. Service Members only wanting a private gym membership

Comment [KCMMCUIF9]: Number of service members not family members

Comment [KCMMCUIF10]: Please type or print legibly. Service members names only wanting YMCA memberships

The following statement must be on each request and signed by the Commanding Officer/Officer in Charge:

I understand only Title 10 personnel are eligible and certify that no Title 32 personnel are included in this request. I also certify the above named active duty personnel are assigned to this command and will be for a minimum of six months. This command does not pay for fitness memberships for our personnel and this command does not have access to a free fitness facility at or near this location. The above mentioned personnel are aware that their memberships will NOT be renewed if not used a minimum of 8 times per month.

Signature

Name:

Title:

Email Address:

Phone Number:

This section to be used by Services' Point of Contact

Request for Independent Duty Personnel fitness memberships is approved/disapproved. The above named personnel are also authorized Respite Child Care at YMCAs that meet DoD criteria.

Service POC signature

Copy to: ASYMCA Requesting Command

